

## Carolina Psychological Associates Fee Information

Fees are an important issue to anyone receiving professional services. This fact sheet has been prepared to clarify our policies.

**FEES:** Our usual and customary fees are **\$160.00** for an initial intake, **\$140.00** per 50 minute session of psychotherapy, and **\$150.00** per hour for psychological testing. Fees for psychological testing are based on time spent with the client, *plus time spent for interpretation of results and report writing*. Payment is requested at the time services are rendered, by check or cash.

**INSURANCE:** As a courtesy, we file your insurance for you. However, the client is expected to pay for non-allowable and deductible charges, as well as co-payments, when services are rendered. If insurance payment is not received with **90** days, after a claim is filed, the client will become responsible for payment of the total amount due. **It is your responsibility to follow-up with your insurance company for delayed payments or other concerns.**

**BILLING:** We will bill clients monthly after insurance has been filed. This is a reminder of balance due and is an informational statement to keep you up-to-date regarding the status of your account. Our usual and customary collection procedures will be followed in order to collect unpaid balances and co-payments due.

**REFUNDS ARE ISSUED ONCE A MONTH, ONLY AFTER ALL PENDING CLAIMS HAVE CLEARED.**

**PAST DUE ACCOUNTS:** Processing past due accounts is expensive. Accounts which are over three months past due may be assigned to our collections attorney or small claims court, depending upon the total balance due, for enforcement of collection.

**MISSED APPOINTMENTS: IF YOU ARE UNABLE TO KEEP AN APPOINTMENT, PLEASE NOTIFY OUR OFFICE IMMEDIATELY. IF AN APPOINTMENT IS CANCELED OR MISSED WITHOUT 24-HOUR ADVANCE NOTICE, YOU WILL BE CHARGED FOR THIS SESSION TIME. WE HAVE A 24-HOUR-A-DAY PHONE COVERAGE THROUGH OUR OFFICE AND AFTER-HOURS VOICE MAIL. INSURANCE DOES NOT PAY FOR MISSED APPOINTMENTS; THEREFORE, YOU WILL BE FINANCIALLY RESPONSIBLE FOR THE FULL FEE.**

**RESPONSIBILITY:** The client (or referring parent in the case of minors) is considered responsible for payment of our professional fees. **It is the client's responsibility to know the amount of their deductible and/or co-payment.** When we are requested to bill a third party, such as a divorced spouse, relative, or insurance company, and that third party fails to make timely payments, payment is expected from the referring parent that signed the consent for services. The client will be responsible for claims that are denied due to "filing past the insurance carrier's time limit" that is the result of failure by the client to inform this office of changes in insurance coverage.

We appreciate the opportunity you have provided for us to be of service to you. If you have any questions, please discuss them with us. I have read, understand, and agree with the Fee Information guidelines outlined above.

\_\_\_\_\_  
Client (or parent) Signature

\_\_\_\_\_  
Date